



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1158
(615) 741-6382 FAX: (615) 532-2965

TENNESSEE PROPRIETARY SECURITY ORGANIZATION

NOTICE OF SUBMISSION

T.C.A. § 62-35-123

READ AND COMPLETE EACH PORTION OF THE ATTACHED FORM CAREFULLY.

It is unlawful for any person to act as a Proprietary Security Organization in the State of Tennessee without first having notified the Commissioner, in writing, and providing proof of the required insurance coverage as defined in T.C.A. § 62-35-114. The enclosed form is to be completed and signed by the Qualifying Manager, an authorized representative, agent, or manager employed with the private business filing for registration as a Proprietary Security Organization.

Submit the required insurance certificate with the completed submission form. The insurance certificate must list Tennessee Private Protective Services as the certificate holder, and must provide that notice be forwarded to Tennessee Private Protective Services thirty (30) days prior to such action should the insurance be modified or canceled. Your certificate of insurance should be filed on a **STANDARD ACORD 25 OR ACORD 25S CERTIFICATE OF INSURANCE.**

This submission is not an application for a license and one will not be issued. Your Proprietary Security Organization will receive correspondence acknowledging compliance.

-
- **T.C.A. § 62-35-123(a) - Notice to the Commissioner prior to acting as a Proprietary Security Organization** - It is unlawful for any person to act as a proprietary security organization in the State of Tennessee without first having notified the Commissioner, in writing.
 - **T.C.A. § 62-35-102(10)** – A Proprietary Security Organization means any person or department thereof which employs a security guard/officer solely for such person in an employer/employee relationship.
 - **T.C.A. § 62-35-102(12)** – A Qualifying Manager means an individual designated by a proprietary security organization to be responsible for compliance with the provisions of this chapter on behalf of such organization.
 - **T.C.A. § 62-35-114 Certificates of Insurance - General Liability Coverage.**
All licensees and employers of private security guards/officers shall retain a certificate of insurance evidencing general liability coverage for the negligent act or acts of the principal insured or the principal insured's agents operating in the course and scope of employment for bodily injury, personal injury and property damage, with endorsements for personal injury, including false arrest, libel, slander and invasion of privacy, in the minimum amount of three hundred thousand dollars (\$300,000) for bodily or personal injury, and one hundred thousand dollars (\$100,000) for property damage. Such certificate shall be available for inspection during normal business hours on request of the Commissioner or duly appointed and identified representative(s). The certificates shall provide that the insurance shall not be modified or canceled without thirty (30) days prior notice to the Commissioner. All persons required to be insured by this chapter must be insured by a carrier approved in the state in which the insurance has been purchased or in this state.
 - **Administrative Rule 0780-5-2-.06(2)** A proprietary security organization which files a notice under T.C.A. ' 62-35-123 of the Act shall furnish, in addition to the information specified therein, a certificate of insurance which meets the requirements of T.C.A. ' 62-35-114.
 - **Administrative Rule 0780-5-2-.06(4)** In the event that a licensee or a proprietary security organization covered by the Act ceases (due to modification, cancellation, or non-renewal of a policy) to maintain insurance coverage which meets the requirements of T.C.A.' 62-35-114 of the Act, such licensee or proprietary security organization shall not provide, employ, or undertake to provide or employ any security guard and patrol service until a proper insurance certificate is filed with the Commissioner.

NOTE: Please keep this information on file with a photocopy of your completed notice of submission.



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1158
(615) 741-6382 FAX: (615) 532-2965

TENNESSEE PROPRIETARY SECURITY ORGANIZATION

NOTICE OF SUBMISSION

T.C.A. § 62-35-123

PLEASE TYPE OR PRINT WHEN COMPLETING THIS FORM

1. Provide full legal name of the business, company or organization:

Mailing Address City State Zip

Business Address City State Zip

Business Phone Number Business Fax Number Business Web Site Address (If Available)

2. Type of organization:

☐

Sole Proprietorship

☐

Partnership (List Full Name of all partners)

☐

Limited Liability Company (LLC)

Date qualified to do business in Tennessee: _____

☐

Corporation

Date qualified to do business in Tennessee: _____

☐

Association

☐

Other: (Please Describe)

4. Qualifying Manager/Authorized Representative:

Last Name First Middle Title

Residence Address City State Zip

Home Telephone Number Business and/or Personal Email Address (If Available)

TENNESSEE PROPRIETARY SECURITY ORGANIZATION – NOTICE OF SUBMISSION

4. **HOW MANY security guards/officers will be employed at this business location?**

Unarmed _____ Armed _____ Full-time, Sworn Police Officers _____

T.C.A. § 62-35-103(7) States that full-time sworn peace officers receiving compensation for services as a guard, patrol, or watchperson under a contract with a private business which is properly licensed by the state are exempt from registration as a security guard/officer.

5. **Have all of your security guards/officers registered or submitted an application for registration to this office as required?** Yes ☐ No ☐

Please note these individuals cannot work as a guard/officer until one or the other of these has been done.

6. **Have you read the Tennessee Private Protective Security Services Laws and Administrative Rules, and do you understand your duties and responsibilities?** Yes ☐ No ☐

7. **Is your office or business location the only location associated with this company, business, or organization in the State of Tennessee?** Yes ☐ No ☐

IF NO,

a. **How many other locations or offices exist within the State of Tennessee under your name or control?** _____

Please provide a complete list of ALL business locations noting business name, street address, mailing address, area code and telephone number, and the manager's or administrators' name for each location. (Attach a separate listing.)

b. **State the TOTAL NUMBER of security guards/officers at all other locations.** _____

By filing this Notice of Submission, I/We understand that I/We may not employ or seek to employ any person as a security guard/officer unless such person holds a valid registration card, has an application for registration on file with the State of Tennessee, or is exempt under **T.C.A. § 62-35-103**.

Therefore, as directed by **T.C.A. § 62-35-101 et. seq.**, and all applicable Administrative Rules, I/We do hereby file this Notice of Submission to the Tennessee Private Protective Services Licensing and Regulatory Act. Further, I/We do declare and agree to abide by all applicable statutes and rules, existing or enacted. Having all these evidences in place, I/We do hereby file this Notice of Submission.

Signature of Qualifying Manager/Authorized Representative

Title

Date

IMPORTANT NOTE: A properly executed and compliant **ACORD** Certificate of Insurance Form 25 or 25S must accompany this submission.

Please retain a completed copy of this submission form for your records.